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PTO/SB/01 (12-97)

Approved for use through 9/30/00, OMB 0851-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with initial Filing **OR** Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	13/068
First Named Inventor	Llinas-Brunet, M. et al
COMPLETE IF KNOWN	
Application Number	09 / 368,866
Filing Date	08/05/99
Group Art Unit	1613.
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole Inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Hepatitis C Inhibitor Tri-Peptides

the specification of which

(Title of the Invention)

is attached hereto
OR
 was filed on (MM/DD/YYYY) **08/05/1999**

as United States Application Number or PCT International

Application Number **09/368,866** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or Inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or Inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/095,931 60/132,386	08/10/1998 05/04/1999	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Susan K. Pocchiari	45,016
Alan R. Stempel	28,991	Philip I. Datlow	41,482
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232
Anthony P. Bottino	41,629	Louise G. Bernier	38,791

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number 000023703 OR Correspondence address below

Name	Robert P. Raymond		
Address	Boehringer Ingelheim Corporation		
Address	900 Ridgebury Road, PO Box 368		
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Country	USA	Telephone	203-798-9988
		ZIP	06877
		Fax	203-798-4408

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

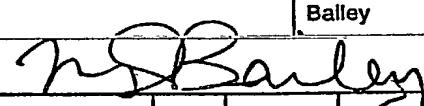
Name of Sole or First Inventor: A petition has been filed for this unsigned Inventor

Given Name (first and middle if any)	Family Name or Surname
Montse	Llinas-Brunet

Inventor's Signature						Date	May 24/02
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Additional Inventors are being named on the 4 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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Supplemental Sheet
Page 1 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Murray D.		Bailey					
Inventor's Signature							Date <u>May 25/00</u>
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Dale, R.		Cameron					
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Ellse		Ghiro					
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Case No. 13/068

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 2 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
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Nathalie		Goudreau						
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Post Office Address	416 Graham							
Post Office Address								
City	Mont-Royal	State	Que.	ZIP	H3P 2C9	Country	Canada	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Marc-Andre		Poupard						
Inventor's Signature	<i>Marc-Andre</i>						Date	May 24/00
Residence: City	Vimont	State	Que.	Country	Canada	Citizenship	CA	
Post Office Address	101 Alme Seguin							
Post Office Address								
City	Vimont	State	Que.	ZIP	H7M 1B3	Country	Canada	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Jean		Rancourt						
Inventor's Signature	<i>Jean Rancourt</i>						Date	May 24/00
Residence: City	Laval	State	Que.	Country	Canada	Citizenship	CA	
Post Office Address	6400 de l'Aiglon							
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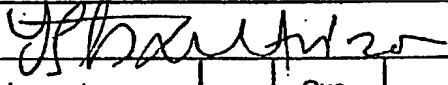
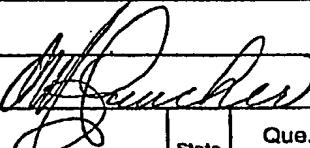
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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
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Youla S.		Tsantrizos						
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Post Office Address								
City	Saint-Laurent	State	Que.	ZIP	H4L 4P7	Country	Canada	
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Anne-Marie		Faucher						
Inventor's Signature							Date	May 24/00
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Post Office Address								
City	Oka	State	Que.	ZIP	J0N 1E0	Country	Canada	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
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Teddy		Halmos						
Inventor's Signature							Date	May 24/00
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Name of Additional Joint Inventor, if any:

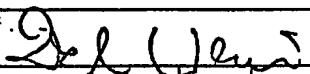
 A petition has been filed for this unsigned Inventor

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Family Name or Surname

Dominik M.

Wernic

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Post Office Address							
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Name of Additional Joint Inventor, if any:

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Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned Inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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